

MULTIPLE DEPENDENT CLAIMS  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

BEST AVAILABLE COPY

SERIAL NO.

10/018695

FILING DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	2					
TOTAL DEP.	13					
TO CLA	13	145				

CLAIMS

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						